

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 814820 (7)

1. Corporation Name

AMERICAN RELIANCE INSURANCE COMPANY



Principal Place of Business

Mailing Address

~~XXXX NEWARK OFFICE~~

~~XXXX NEWARK~~

LAWRENCEVILLE NJ 08648
US

133 Franklin Corner
Road

~~XXXX NEWARK OFFICE~~

~~XXXX NEWARK~~

LAWRENCEVILLE NJ 08648
US

133 Franklin
Corner Road

3. Date Incorporated or Qualified
10/24/1960

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 133 Franklin Corner Rd

26 133 Franklin Corner Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

21-0448855

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

Lawrenceville, NJ

28

Lawrenceville, NJ

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

08648

25

Country

29

08648

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32302

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of the person or agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PT

☐ DELETE

NAME

FULTON, KAREN S.
200 COUNTRY LANE
LANGHORNE PA

STREET ADDRESS

CITY - ST - ZIP

TITLE

DC

☐ DELETE

NAME

GEORGE L. BIELTZ JR.
1098 LANDS END RD
HYPOLUZO ISLAND LA

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

☒ DELETE

NAME

VOWTERAS, WILLIAM G
940 AMBOY AVENUE
EDISON NJ

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

BLANK, BARRY W
18 LA VISTA DRIVE
PONTE VEDRA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

Director

☒ Change

☐ Addition

3.2 NAME

Vowteras, William G

3.3 STREET ADDRESS

940 Amboy Avenue

3.4 CITY - ST - ZIP

Edison, NJ 08648

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

Sr. Vice President

☐ Change

☒ Addition

5.2 NAME

Silika, Thomas C.

5.3 STREET ADDRESS

940 Burke Road

5.4 CITY - ST - ZIP

Jackson, NJ 08527

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)